

**Declaration and Power of Attorney For Patent Application**

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am an original, first and sole/joint inventor of the subject matter, which is claimed and for which a patent is sought on the invention entitled, **Method of Improving the Biocidal Efficacy of Dry Ice**, the specification of which

☐

is attached hereto

or

☒

was filed on July 31, 2003 as

Application Number 10/632,232

and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

Priority Claimed

☐ Yes ☐ No

\_\_\_\_\_  
(Number) (Country) (Day/Month/Year Filed)

☐ Yes ☐ No

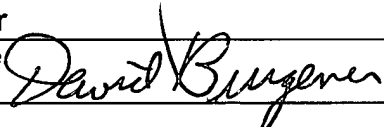
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(Number) (Country) (Day/Month/Year Filed)

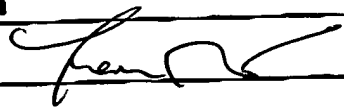

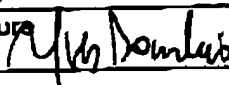
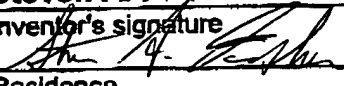
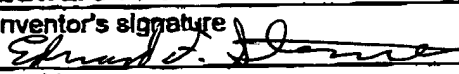
☐ Yes ☐ No

\_\_\_\_\_  
(Number) (Country) (Day/Month/Year Filed)



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